



OFFICE OF MINE SAFETY & LICENSING

APPLICATION FOR MET CERTIFICATION

FOR PERSONS WHO ARE CERTIFIED EMT OR CERTIFIED EMT INSTRUCTORS
THAT ARE EXEMPTED FROM CHALLENGING THE MET EXAMINATION



<input type="checkbox"/> CERTIFIED MET			<input type="checkbox"/> CERTIFIED MET INSTRUCTOR			Miner Social Security Number					
Last Name		First Name		Middle Initial	Telephone No.						
Kentucky Miner I D Number:											
Box						County					
Address						OMSL District					
City				State KY	Zip Code						

1. Certified Miner in the Commonwealth of Kentucky: ☐ Underground ☐ Surface
(Copy of Kentucky Miner Certification Card must be attached.)
2. Mine Instructor's Number: MI - _____ and/or SI - _____
(If applying for MET Instructor.)
3. EMT Certification Number: _____
(Copy of current EMT Certification Card must be attached.)
4. MET Certificate Number: _____
(Copy of current MET Certification Card must be attached.)
5. CPR Certification Expiration Date: _____ / _____ / _____
(Copy of current CPR Course Completion Card must be attached.)
6. CPR Instructor Certification Expiration Date: _____ / _____ / _____
(Copy of current CPR Instructor Course Completion Card must be attached for MET Instructor only.)

TO BE COMPLETED AT DISTRICT OFFICE

Breath Alcohol Screening Results _____ Date _____ Negative _____ Positive _____ Identification Verified

If Positive, results of a confirmation breath alcohol test must be recorded on a form BATF-1 and attached.

For OMSL use only:

MET Certification Number: _____ - _____ - _____ Date Certified: _____ - _____ - _____

MET Instructor Number: _____ - _____ - _____ Date Certified: _____ - _____ - _____

I certify that all information set out above is true and correct and understand that any misrepresentation may result in suspension or loss of my certification.

Signature_____/_____/_____
Date

